STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

REQUEST FOR CLARIFICATION/INTERPRETATION

	REQUEST FOR CERMITOR	110	
ТО:	Name and Title: Jannis Conselyea, Bureau Chief	FROM:	Name and Title: Region II QIS'
•	Organizational Unit: DDP, Central Offfice	FR(Organizational Unit: Great Falls, Regional Office
	Address: Helena, Montana		Address: Great Falls, Montana
1. TYPE OF REQUEST: ☐ Follow-up to Verbal Request - Date of Verbal Request: √ Written Request - Date:			
 STATEMENT OF QUESTION OR ISSUE: our questions are as follows: is it fair to say that any visible consumer injury is 'reportable' (or 'critical' if it also meets the definition of alleged abuse or neglect) by policy? Are provider's required to enter 'internal' reports into Therap? If not, are providers required to provide whatever data system they use to track those reports to the Q and CM on any regular basis? 			
References:			
3. ANSWER:			
According to the Developmental Disabilities Incident Management Policy, Appendix A, <u>Injury definition</u> , any visible injury to a individual in services is reportable unless abuse is suspected and then the incident would be elevated to a critical incident and reported as Abuse. Other than suspected abuse, an injury is only critical when it is a more extreme incident: a fracture, lacerations requiring sutures, third degree burns, loss or tearing of body part, ingestion of toxic substance, loss of consciousness. Providers are required to enter <u>reportable</u> and <u>critical</u> incidents into the web based Incident Management System THERAP. There is nothing written in policy that requires a Provider to enter internal reports into THERAP.			
Incidents that are marked internal are to be reviewed at the weekly Incident Management Meeting and the discussion should be reflected in the Incident Management meeting minutes and in the monthly trend report. A QIS can always request a copy of an internal incident that is discussed in the weekly meeting and documented in the weekly minutes and monthly trend report.			
References: Approved and Issued by: Program Director Date 4-26-11			
STATE USE ONLY	4: DISTRIBUTION: One Copy: Request Manual Coordinat One Copy: Division Fil Additional Copies: □	or or es Admin Ma A.1	LLOW-UP: De issued as Bulletin to: (Division strator) nual. Expected Date of Issuance: R.M. Change te Plan Change